

TRANSMITTAL
FORM

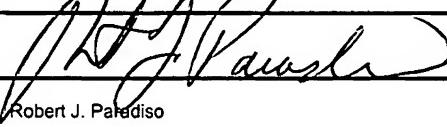
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	8	Attorney Docket Number	200.1163
--	---	------------------------	----------

ENCLOSURES (check all that apply)

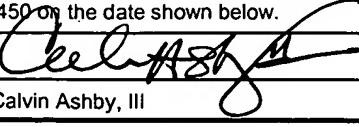
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Response to Anticipated Notice of Missing Requirements (1 page);
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Executed Declaration/Power of Attorney Documents (6 pages);
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	- Return receipt postcard.
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Davidson, Davidson & Kappel, L.L.C		
Signature			
Printed Name	Robert J. Paradiso		
Date	April 24, 2006	Reg. No.	41,240

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop: PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Calvin Ashby, III
Date	April 24, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Application of: Benjamin OSHLACK *et al.*
Serial No.: 10/562,494
International Application No.: PCT/US2004/02951
Filed: September 9, 2004
For: **PHARMACEUTICAL COMBINATIONS OF HYDROCODONE AND NALTREXONE**

Mail Stop: PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

April 24, 2006

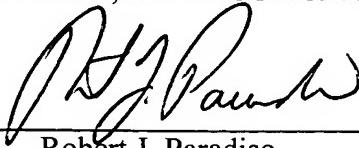
RESPONSE TO ANTICIPATED NOTICE OF MISSING REQUIREMENTS

Sir:

Applicants hereby submit executed Declaration/Power of Attorney documents (6 pages) for the above-referenced patent application. These documents are submitted in anticipation of issuance by the USPTO of a Notice of Missing Requirements.

In the event that any fee is due in connection with this submission, the Commissioner is hereby authorized to charge said fees to our Deposit Account No. 50-0552.

Respectfully submitted,
DAVIDSON, DAVIDSON & KAPPEL, LLC

By: 
Robert J. Paradiso
Reg. No. 41,240

Davidson, Davidson & Kappel, LLC
485 Seventh Avenue, 14th Floor
New York, New York 10018
(212) 736-1940